

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

8552

Registrar's No.

2183

D MAR 20 1943

Registration District No.

318

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5247 Robin Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... None
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME John H. McGahan

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced..... Married

6. (b) Name of husband or wife Clara Koeppel McGahan 6. (c) Age of husband or wife if alive..... 51 years

7. Birth date of deceased..... March 25, 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 11 10 hr. min.

9. Birthplace..... Pilot Knob Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation..... Retired

11. Industry or business..... Glass worker

12. Name..... John H. McGahan

13. Birthplace..... DeSoto Mo.
(City, town, or county) (State or foreign country)

14. Maiden name..... Elizabeth Richter

15. Birthplace..... Pilot Knob Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs Clara McGahan

(b) Address..... 5247 Robin Ave

17. (a) Burial (b) Date thereof..... 3/8/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary Cemetery

18. (a) Signature of funeral director..... Math Hermann & Son

(b) Address..... 2161 East Fair Ave

19. (a) MAR 7 1943 (b) J. J. Brudeck
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No..... 5247 Robin Ave
(If rural, give location)
(e) Citizen of foreign country?..... No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th
year 1943 hour 11:12 AM minute..... M.

21. I hereby certify that I attended the deceased from.....
Feb 18 1943 to March 5 1943
that I last saw him alive on..... March 1
and that death occurred on the date and hour stated above.

Immediate cause of death..... Chr. Myocarditis
Duration.....

Due to.....
Due to.....

Other conditions..... Liberosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work..... (Specify type of place)
(e) Means of injury.....

23. Signature..... C. W. Schumacher (M. D. or other).....
Address..... 4991 Thrush Date signed..... 3-5-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Francis Williamson

Licensed Embalmer No.....

3568

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.